

**USE BLACK INK – PRINT OR TYPE**

Notice: If the application is approved, your name, the name of your employer, the nature of the job, and any restrictions will be posted on the Ethics Commission's website in accordance with §19-12(a) of the County Ethics Law

**REQUEST FOR EMPLOYMENT OUTSIDE  
OF THE COUNTY SERVICE**

(Please submit an original and one copy of this request. Use additional paper if necessary. Employee may begin outside employment as soon as department head has given written approval on this form. However, such approval is conditional and subject to the final decision of the Ethics Commission.)

Date: \_\_\_\_\_

TO: Ethics Commission

VIA: \_\_\_\_\_ (Department Head)

VIA: \_\_\_\_\_ (Supervisor)

FROM: \_\_\_\_\_

SUBJECT: Request for Permission to engage in Outside Employment Pursuant to Chapter 19A of the Montgomery County Code, I am submitting my request to engage in employment outside the Montgomery County Government.

1. Name \_\_\_\_\_ County position title \_\_\_\_\_  
Department \_\_\_\_\_ Division \_\_\_\_\_  
Office phone number \_\_\_\_\_ Work schedule (e.g. 8:30 -5:00) \_\_\_\_\_  
e-mail address (for quicker response) \_\_\_\_\_

2. Brief description of duties and responsibilities of County position:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Brief description of your County department's function:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Outside employer:

(Firm) Name \_\_\_\_\_ Phone number \_\_\_\_\_

Supervisor's name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Nature of business: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Position title, duties and responsibilities of outside employment:

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6. Hours per week to be spent with outside employment and work schedule with outside employer (specific hours when you will be working at this job):

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7. Anticipated length of employment with outside employer (month/years/indefinite):

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8. Special license or equipment required for outside employment:

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Employee Signature \_\_\_\_\_

**DEPARTMENT HEAD RECOMMENDATION:**

\_\_\_\_\_ Approve  
\_\_\_\_\_ Deny (state specific reasons for denial)

Comments:

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\_\_\_\_\_  
Signature of Department Head

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Signator